Social Security No.: 212-14-9033 (Rose)

STATE OF MARYLAND—CERTIFICATE OF DEATH

07847

1. PLACE OF DEATH (136)

County St. Mary's Registration Dist. No. 281

Village or City Piney Point No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward Adams If U. S. Veteran, specify WAR War

(a) Residence: No. Piney Point, Md St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Adams

6. DATE OF BIRTH (month, day, and year) not learned

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Railroad Empl.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Rail-road

10. Date deceased last worked at this occupation (month and year) Not Learned

11. Total time (years) spent in this occupation Not Learned

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Thos. B. Adams

14. BIRTHPLACE (city or town) D.C.
(State or country)

MOTHER

15. MAIDEN NAME Annie Rolls

16. BIRTHPLACE (city or town) D.C.
(State or country)

17. INFORMANT Mrs. Melissa A. Maryan
(Address) St. Bld. Hgts, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Wash DC Date 7-7 1940

19. UNDERTAKER W W Chambers.
(Address) 517-11th St. SE. Wash D C

20. FILED July 7, 1940 [illegible] Md.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 7 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1940, to July 7, 1940.

I last saw him alive on July 7, 1940; death is said to have occurred on the date stated above, at 12 40 pm.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	over 10 years ago
Other **Contributory Causes** of Importance:	
Chronic Myocarditis	Several years ago

Name of operation None Date of

What test confirmed diagnosis? Clinical Lab. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuchs M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUL 13 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07848

(130)

1. PLACE OF DEATH

County St. Marys Registration Dist. No. 283-

Village or City Chaptico md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cara Elizabeth Baker.

(a) Residence: No. Chaptico md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 28. 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country) Chaptico

FATHER

13. NAME James Tempy Baker.

14. BIRTHPLACE (city or town) Chaptico md
(State or country)

MOTHER

15. MAIDEN NAME Eleanor Butler.

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Tempy Baker.
(Address) Chaptico md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph Cmtry Date 8/11, 1940

19. UNDERTAKER Rose E. Welch
(Address) chaptico md

20. FILED July 10, 1940 L. B. Jolyman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1940, to July 9, 1940.

I last saw her alive on July 8—, 1940; death is said to have occurred on the date stated above, at 5. P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic Nephritis	July 1 1940
Other Contributory Causes of Importance:	
?	
?	

Name of operation none Date of

What test confirmed diagnosis? Urine Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Aaron C. Welch M. D.

(Address) Chaptico md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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AUG 8 1940
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07849

(195-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:

County St. Mary's

City or town Loveville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Loveville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Rural

3. (a) FULL NAME Joseph Louis ~~Infant~~ Banks

3. (b) Social Security Number

4. Sex male

5. Color or race Col

6. (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24th 1940

8. AGE: Years | Months 1 | Days 0 | If less than one day hrs. min.

9. Birthplace St Mary's Co Md

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Augustus Berry

13. Birthplace Oakville St Mary's Co Md

MOTHER

14. Maiden name Mamie Stewart

15. Birthplace St. Mary's Co Md.

16. Informant Mamie Banks

Address Loveville St Mary's Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25th 1940 (month) (day) (year)

Cemetery or crematory St Josephs Cemetary

Location Morganza St Mary's Co Md

18. Funeral director P. B. Robinson ~~Funeral Home~~

Address Leonardtown Md

19. 7/25 1940 (Date rec'd by registrar) Oswalds Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 8:30 M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from — 19 to — 19

and that I last saw him ~~alive~~ dead on July 25 1940

Immediate cause of death Asphyxia

Due to Vomited matter inspired

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Greenwell Coroner M. D. or other

Address Leonardtown Md Date signed July 25 1940

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AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07850

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 281

Village or City Piney Point No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Briscoe If U. S. Veteran, specify WAR War

(a) Residence: No. Piney Point Md., St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 26, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farming

10. Date deceased last worked at this occupation (month and year) July 27/1940

11. Total time (years) spent in this occupation 20yrs +

12. BIRTHPLACE (city or town) Piney Point
(State or country) Md.

FATHER

13. NAME William Briscoe

14. BIRTHPLACE (city or town) Piney Point
(State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Wilson

16. BIRTHPLACE (city or town) Piney Point
(State or country) Md.

17. INFORMANT Florence Wilson
(Address) Piney Point, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marks Date July 30, 1940

19. UNDERTAKER Jos. C. Mattingley
(Address) Leonardtown Md

20. FILED July 29, 1940 R. J. Beavan M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1940, to July 28, 1940
I last saw him alive on July 28, 1940; death is said to have occurred on the date stated above, at 5:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Exposure to Heat (T° 112°+)	7/28/40

Other Contributary Causes of importance:

Name of operation None Date of

What last confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert T. Fuchs. M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 3 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (86)

07851

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Scotland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Scotland

(If outside city or town limits, write RURAL and give nearest town)

Street No. Cornfield Harbor Farm

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Holly May Bryan

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 17, 1940

8. AGE: Years	Months	Days	If less than one day
		2	..... hrs. ..... min.

9. Birthplace Scotland, Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Joseph Bryan

13. Birthplace Scotland Md

MOTHER

14. Maiden name Mary Holly

15. Birthplace Ridge, Md

16. Informant Mary Holly

Address Scotland, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20, 1940 (month) (day) (year)

Cemetery or crematory St. Luke's Cemetery

Location Scotland, Md

18. Funeral director James Holly

Address Scotland, Md

19. July 19 1940 (Date rec'd by registrar) O J Bean MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940 at 6.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1940, to July 19 1940 and that I last saw her alive on July 19 1940

Immediate cause of death	DURATION
"Convulsions" cause unknown	2 hours
Due to The cause of the convulsions was not determined C.W.B.R.	
Due to Not due to premature birth is not due to injury at birth.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O J Bean MD M. D. or other

Address Great Mills, Md Date signed July 19, 1940

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07852

CERTIFICATE OF DEATH

Reg. Diat. No. 256

1. PLACE OF DEATH:
County St. Mary's
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since birth
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County St. Mary's
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. ascension
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME James albert Carter

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	married

6.(b) Name of husband or wife Margaret Anne Carter
6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar 16 1878

8. AGE: Years	Months	Days	If less than one day
62	4	6	....hrs. ....min.

9. Birthplace Piney Springs Md
(Town, county, and state)
10. Usual occupation Oysterman
11. Industry or business
FATHER 12. Name Thomas or Carter
13. Birthplace Piney Springs Md
MOTHER 14. Maiden name Mary Elizabeth Carter
15. Birthplace Piney Springs Md
16. Informant John D. Carter
Address Avenue
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7 22 40 (month) (day) (year)
Cemetery or crematory Sacred Heart
Location Burial Mary
18. Funeral director Rose E Wolsten
Address Chaptico Md
19. 7-23- 1940 (Date rec'd by registrar) Ruth V Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 21 - 1940 at 6 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jun 9 1940, to Jun 21 - 1940
and that I last saw h... alive on 7-21 - 1940

	DURATION
Immediate cause of death Cerebral apoplexy	12 hrs
Due to Myocardial Insufficiency	
Due to Chronic nephritis	
Other conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings of operation ....Date of op....
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ....Date of....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ....
Means of injury Injured at work?

23. SIGNATURE Ruth V Palmer M. D. or other
Address Avenue Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120-a)

07854

CERTIFICATE OF DEATH

Reg. Dist. No. 28 r

1. PLACE OF DEATH:

County St Mary's Co

City or town Rural near Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War 1917

3. (a) FULL NAME Lewis Walter Cole

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Ada T. Hall

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) March 23-rd 1872

8. AGE: Years 68 | Months 3 | Days 22 | If less than one day ___ hrs. ___ min.

9. Birthplace Balto Co. Md.
(Town, county, and state)

10. Usual occupation Retired Veteran

11. Industry or business

FATHER
12. Name Conrad Cole
13. Birthplace Germany

MOTHER
14. Maiden name Elizabeth Hahn
15. Birthplace Germany

16. Informant Frank Hall
Address Leonardtown

17. July 17 - 1940 Date thereof ___ (month) (day) (year)
(Burial, cremation, or removal, Which?)

Cemetery or crematory St Regis Rectory

Location Great Mills

18. Funeral director Eugene Hall
Address Dynard

19. 7/16 1940 Camalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6th 1940, to July 15 1940, and that I last saw him alive on July 14th 1940.

Immediate cause of death Enteritis

DURATION

Due to

Due to

Other conditions Chronic Diuretitis Exophthalmy 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE F. F. Greenwell M.D.
M. D. or other

Address Leonardtown Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07855

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County St. Marys 93d Registration Dist. No. 286

Village or City Bushwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Sophia Gibson

(a) Residence: No. Bushwood Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James H. Gibson

6. DATE OF BIRTH (month, day, and year) 7 15 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71 72	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland. (State or country)

MOTHER FATHER

13. NAME James H. Goode.

14. BIRTHPLACE (city or town) Maryland. (State or country)

15. MAIDEN NAME Rebecca Turner

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT James N. Gibson. (Address) Bushwood Md

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date July 3, 1940

19. UNDERTAKER Rose E Welch (Address) Chaptico Md

20. FILED 7-1-, 1940 N. K. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1940, to July 1, 1940

I last saw her alive on July 1, 1940; death is said to have occurred on the date stated above, at 2. P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Acute Cardiac Dilatation	May
Chronic Myocarditis	1940
Other Contributory Causes of importance:	
Hypostatic Pneumonia	June 15 1940

Name of operation none Date of

What test confirmed diegnosis? none Was there an autopsy? no

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of injury

24. Was disease or injury In any way related to occupation of deceased? no

If so, specify

(Signed) Claypius C. Welch M. D.

(Address) Chaptico,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07856

Reg. Dist. No. 286

1. PLACE OF DEATH:
County St Marys
City or town Cottons Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Thomas Hammond

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	68 white	married

6 (b) Name of husband or wife Mary E Chaires

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) April 11th 1940

8. AGE: Years 68 | Months 2 | Days 27 | If less than one day hrs. min.

9. Birthplace Annandale Co Md
(Town, county, and state)

10. Usual occupation Farming retired 20 yrs

11. Industry or business Manager Farm

MOTHER FATHER
12. Name Jno W L Hammond
13. Birthplace Annandale Co
14. Maiden name Camilda Whitley
15. Birthplace a a Co

16. Informant Albert S Hammond
Address 1411 Taft Annapolis Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof July 13 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery
Location Brooklyn Md

18. Funeral director J G Mitchell & Sons
Address Baltimore Md

19. 7-11-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 4 a m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on July 11th 1940

Immediate cause of death	DURATION
Acute Dilitation of heart	
Due to Myocarditis Acute Fatty Heart	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F F Trumbull M. D. or other
Address Annapolis Md Date signed July 11-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183)

CERTIFICATE OF DEATH

wrong 07857
deducted 10

Reg. Dist. No.

1. PLACE OF DEATH:

County: St. Mary's Co.

City or town: Clarke Landing

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Appeal Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edward Johnson

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of ~~husband~~ or wife: Rosa Johnson

6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): 1895

8. AGE: Years: 45 Months: ? Days: ? If less than one day: hrs. min.

9. Birthplace: Appeal, Maryland (Town, county, and state)

10. Usual occupation: Oysterman

11. Industry or business

FATHER
12. Name: Wm. T. Johnson
13. Birthplace: Appeal, Maryland

MOTHER
14. Maiden name: Drusilla Johnson
15. Birthplace: Appeal, Maryland

16. Informant: Daniel Johnson

Address: Appeal, Maryland

17. Lusby, Md (Burial, ~~cremation, or removal. Which?~~) Date thereof: July 27, 1940 (month) (day) (year)

Cemetery or crematory: St. John Cemetery

Location: Lusby, Md

18. Funeral director: G. E. Sewell

Address: Huntingtown, Md

19. July 25 1940 (Date rec'd by registrar) E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24, 1940, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —

Immediate cause of death: Accidental Drowning

~~Due to~~ Coroner inquest 7/25/40 -

~~Due to~~ St. Mary County

~~Other conditions~~ Dr. G. D. Greenwell

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause fo which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 7/24/40

Where did injury occur? Clarke Landing, Md. (City or town) (County) St. Mary (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. S. Coster, M.D. M. D. or other

Address: Solomons, Md Date signed: 7/25/40

MARGIN RESERVED FOR BINDING

Received Aug 7, 40 by N Clare Briscoe

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C) 07858

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 hrs.

Stay in this community (yrs., or mos., or days) 6 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 719 Emerson St NW
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR DC

3. (a) FULL NAME Anna Kerstzman

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Jno Kerstzman

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1868

8. AGE: Years 72 Months 5 Days 19 If less than one day ____ hrs. ____ min.

9. Birthplace Austria Hungry.
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Tomovick
13. Birthplace Austro-Hungary

MOTHER
14. Maiden name Anna " "
15. Birthplace Austro-Hungary

16. Informant Mary Muchake.
Address 719 Emerson St N.W

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/24/40 (month) (day) (year)

Cemetery or crematory St. James Cemetery

Location St. Mary's City, Md.

18. Funeral director P. B. Robinson

Address Leonardtown

19. 7/22 1940 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 6:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1940, to July 21 1940 and that I last saw her alive on July 21 1940

Immediate cause of death Fracture of base of skull

Due to Automobile Accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/21/40

Where did injury occur? Near Hallywood St. Mary's, Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Road

Means of injury Auto. accident Injured at work?

23. SIGNATURE Frank A. Camalier M. D. ~~or other~~

Address Leonardtown Date signed 7/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83b)

CERTIFICATE OF DEATH

07859

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near California
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State District of Columbia County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3509 34th St NW
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elizabeth W Meyers

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Charles G Meyers

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 17, 1847

8. AGE: Years	Months	Days	If less than one day
93	4	24	— hrs. — min.

9. Birthplace Minersville, Penna.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Weary

13. Birthplace Pennsylvania

MOTHER 14. Maiden name Hanna Yoke

15. Birthplace Pennsylvania

16. Informant Florence Rybowski

Address Washington DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12, 1940 (month) (day) (year)

Cemetery or crematory Bridgton

Location New Jersey

18. Funeral director Sando

Address Washington DC.

19. July 11 1940 (Date rec'd by registrar) O J Beam MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 1.20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1940 to July 11 1940, and that I last saw him alive on July 10 1940.

Immediate cause of death	DURATION
Cerebral embolism	1 week
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

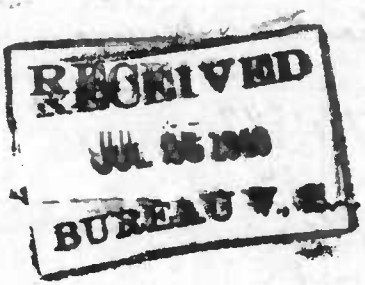
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE O J Beam MD
M. D., or other

Address Great Mills Date signed July 11/40


RECEIVED
JUL 25 1960
BUREAU V. S.

07860

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Clements

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Stillborn Mills

3. (b) Social Security Number —

4. Sex fem

5. Color or race cols

6.(a) Single, married, widowed, or divorced —

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 22 - 40

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Clements St. Mary's Md (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER 12. Name Thomas Aloysius Mills

13. Birthplace Henry Md

MOTHER 14. Maiden name Mary Elizabeth Fenwick

15. Birthplace Clements Md

16. Informant Rebecca Barber

Address Henry Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-22-40 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood Md

18. Funeral director John Fenwick

Address Clements Md

19. 7-22 1940 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940 at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to — 19

and that I last saw her alive on 7-22-1940

Immediate cause of death Immature birth

Due to Hydrocephalus, Congenital

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Md Date signed 7-22-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07861

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: St Marys
City or town: Oraville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: St. Mary's
City or town: Oraville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Henry Kenton

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Mary alice Cosgrey
6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): April 5th 1866

8. AGE: Years: 74 Months: 3 Days: 14 If less than one day: hrs. min.

9. Birthplace: St Marys Co Md (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: John F Kenton
13. Birthplace: St Mary's Co Md

MOTHER
14. Maiden name: Isabell Gatton
15. Birthplace: St Marys Co Md

16. Informant: Mary Alice Kenton
Address: Oraville Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof July 20 1940 (month) (day) (year)
Cemetery or crematory: St Josephs
Location: at Bryantown

18. Funeral director: Rusk & Welch
Address: Chaptico Md

19. 7/19 1940 Caroline (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18th 1940 at 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 to July 18th 1940 and that I last saw ~~him~~ her alive on July 18th 1940

Immediate cause of death	DURATION
Cerebral Apoplexy	45m
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: F F Greenwell M. D. or other
Address: Leonardtown Date signed July 19-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

07862

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Park Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Rural near Park Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1 mile South of Park Hall

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Rose Cecelia Sommerville

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 18, 1940

8. AGE: Years — Months: 1 — Days: 12 — If less than one day: ..... hrs. ..... min.

9. Birthplace: Park Hall Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER — 12. Name: David Sommerville

FATHER — 13. Birthplace: Park Hall, Md

MOTHER — 14. Maiden name: Daisy Yemick

MOTHER — 15. Birthplace: Park Hall, Md

16. Informant: David Sommerville

Address: Park Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 30, 1940 (month) (day) (year)

Cemetery or crematory: St James

Location: Park Hall Md

18. Funeral director: David Sommerville

Address: Park Hall, Md

19. July 30 1940 (Date rec'd by registrar) O J Bean Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30 1940 at 3A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death — DURATION

Lobar Pneumonia — 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: Lobar pneumonia, entire right lung

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: O J Bean Md

M. D. or other

Address: Grant Mills Md Date signed: July 30/40

RECEIVED
AUG 3 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07863

(83a)

1. PLACE OF DEATH

County St Mary's Registration Dist. No. 294

Village or City Charlotte Hall R.F.D. No. Rural St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Julian Thomas If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Thomas

6. DATE OF BIRTH (month, day, and year): Dont Know

7. AGE: About 90 Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: House Keeper

10. Data deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Dont Know no record

14. BIRTHPLACE (city or town) (State or country): ✓

MOTHER

15. MAIDEN NAME: Dont Know. No record

16. BIRTHPLACE (city or town) (State or country): ✓

17. INFORMANT (Address): Josephine Whalen Charlotte Hall Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Bryantown Date: 7/24, 1940

19. UNDERTAKER (Address): Elmer M. Grade Hughesville

20. FILED: 7/22, 1940 Lewis J Sadhouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 13th, 1940 to July 21st, 1940

I last saw her alive on July 20, 1940 death is said to have occurred on the date stated above, at 5:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 13th

Other Contributory Causes of Importance:

Old age

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Lewis J Sadhouse M. D.

(Address) Charlotte Hall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

07864

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural near Hollywood
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Hollywood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1 mile south of Hollywood
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary S Wylie

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 64 | Months — | Days — | If less than one day — hrs. — min.

9. Birthplace Charlotte Hall, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Frederick Wylie

13. Birthplace Unknown

MOTHER 14. Maiden name Wilhemina Wylie

15. Birthplace Unknown

16. Informant Mrs Bessie Jones

Address Hollywood, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10, 1940 (month) (day) (year)

Cemetery or crematory Trinity Cemetery

Location St Mary's City, Md

18. Funeral director Joseph C Mattingley

Address Leonardtown, Md

19. July 8 1940 (Date rec'd by registrar) O J Bean MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1940, to July 8 1940, and that I last saw her alive on July 8 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	1 hour
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE O J Bean M.D.
M. D. or other

Address Great Mills, Md Date signed 7/8/40

RECEIVED
AUG 3 1940
BUREAU V. S.